

County: Dane  
OREGON MANOR LTD  
354 N MAIN ST

Facility ID: 4080

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OREGON 53575 Phone:(608) 835-3535  
Operated from 1/1 To 12/31 Days of Operation: 366  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/04): 45  
Total Licensed Bed Capacity (12/31/04): 45  
Number of Residents on 12/31/04: 43

Ownership:  
Highest Level License: Skilled  
Operate in Conjunction with CBRF? No  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 42

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%	
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		41.9	
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		41.9	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2.3	More Than 4 Years		16.3	
Day Services	No	Mental Illness (Org./Psy)	34.9	65 - 74	9.3			-----	
Respite Care	No	Mental Illness (Other)	11.6	75 - 84	32.6			100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	41.9	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	14.0	Full-Time Equivalent			
Congregate Meals	No	Cancer	4.7		-----	Nursing Staff per 100 Residents			
Home Delivered Meals	Yes	Fractures	2.3		100.0	(12/31/04)			
Other Meals	No	Cardiovascular	7.0	65 & Over	97.7	-----			
Transportation	No	Cerebrovascular	23.3		-----	RNs		9.8	
Referral Service	No	Diabetes	2.3	Gender	%	LPNs		13.1	
Other Services	Yes	Respiratory	7.0		-----	Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	7.0	Male	27.9	Aides, & Orderlies			
Mentally Ill	No	-----	-----	Female	72.1				
Provide Day Programming for			100.0		-----				
Developmentally Disabled	No				100.0				

Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care							
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	Total Resi- dents	% Of All
Int. Skilled Care		0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Skilled Care		3	100.0	335	100.0	127	0	0.0	0	11	100.0	163	0	0.0	0	2	100.0	127	43
Intermediate		---	---	---	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Limited Care		---	---	---	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care		---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care		---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled		---	---	---	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj		0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent		0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total		3	100.0		27	100.0		0	0.0		11	100.0		0	0.0		2	100.0	43

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
		-----			-----	
Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health	4.3	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/With Home Health	0.0	Bathing	0.0	62.8	37.2	43
Other Nursing Homes	15.2	Dressing	11.6	53.5	34.9	43
Acute Care Hospitals	71.7	Transferring	25.6	41.9	32.6	43
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	16.3	51.2	32.6	43
Rehabilitation Hospitals	0.0	Eating	44.2	37.2	18.6	43
Other Locations	8.7	*****				
Total Number of Admissions	46	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	7.0		Receiving Respiratory Care	14.0
Private Home/No Home Health	12.8	Occ/Freq. Incontinent of Bladder	67.4		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	19.1	Occ/Freq. Incontinent of Bowel	44.2		Receiving Suctioning	2.3
Other Nursing Homes	0.0				Receiving Ostomy Care	2.3
Acute Care Hospitals	14.9	Mobility			Receiving Tube Feeding	4.7
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.0		Receiving Mechanically Altered Diets	23.3
Rehabilitation Hospitals	0.0					
Other Locations	10.6	Skin Care			Other Resident Characteristics	
Deaths	42.6	With Pressure Sores	2.3		Have Advance Directives	100.0
Total Number of Discharges		With Rashes	2.3		Medications	
(Including Deaths)	47				Receiving Psychoactive Drugs	53.5

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Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: Under 50 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	93.3	88.5	1.05	88.3	1.06	90.5	1.03	88.8	1.05
Current Residents from In-County	88.4	80.0	1.10	78.3	1.13	82.4	1.07	77.4	1.14
Admissions from In-County, Still Residing	34.8	17.8	1.95	28.4	1.22	20.0	1.74	19.4	1.79
Admissions/Average Daily Census	109.5	184.7	0.59	106.8	1.03	156.2	0.70	146.5	0.75
Discharges/Average Daily Census	111.9	188.6	0.59	105.3	1.06	158.4	0.71	148.0	0.76
Discharges To Private Residence/Average Daily Census	35.7	86.2	0.41	34.7	1.03	72.4	0.49	66.9	0.53
Residents Receiving Skilled Care	100	95.3	1.05	95.2	1.05	94.7	1.06	89.9	1.11
Residents Aged 65 and Older	97.7	92.4	1.06	95.8	1.02	91.8	1.06	87.9	1.11
Title 19 (Medicaid) Funded Residents	62.8	62.9	1.00	56.6	1.11	62.7	1.00	66.1	0.95
Private Pay Funded Residents	25.6	20.3	1.26	34.0	0.75	23.3	1.10	20.6	1.24
Developmentally Disabled Residents	0.0	0.9	0.00	0.6	0.00	1.1	0.00	6.0	0.00
Mentally Ill Residents	46.5	31.7	1.47	41.0	1.14	37.3	1.25	33.6	1.38
General Medical Service Residents	7.0	21.2	0.33	13.6	0.51	20.4	0.34	21.1	0.33
Impaired ADL (Mean)	56.3	48.6	1.16	50.8	1.11	48.8	1.15	49.4	1.14
Psychological Problems	53.5	56.4	0.95	62.7	0.85	59.4	0.90	57.7	0.93
Nursing Care Required (Mean)	6.4	6.7	0.96	7.4	0.86	6.9	0.93	7.4	0.86